



## OFFICE OF CONSUMER AFFAIRS COMPLAINT FORM

COMPLAINT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

### CONSUMER INFORMATION

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How Did You Hear about Us? \_\_\_\_\_

### MERCHANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

On the back of this form, please describe your dispute. Attach copies (not originals) of documents that are important to understanding the dispute. Send your completed form to:

**Office of Consumer Affairs**  
**6751 Columbia Gateway Drive, Columbia, MD 21046**  
**Phone: 410-313-6420; Fax: 410-313-6452**  
**E-mail: [consumer@howardcountymd.gov](mailto:consumer@howardcountymd.gov)**

**-OVER-**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**WHAT RESOLUTION ARE YOU SEEKING?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNDER STATE AND COUNTY LAW, THE INFORMATION PROVIDED IN THIS COMPLAINT BECOMES PUBLIC INFORMATION WHEN THE COMPLAINT IS CLOSED AND PLACED IN OUR INACTIVE FILES.**

DATE \_\_\_\_\_

To obtain this form in an alternative format, please contact the Office of Consumer Affairs at 410-313-6420 (voice/relay) or email us at [consumer@howardcountymd.gov](mailto:consumer@howardcountymd.gov)